

LO2000005407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

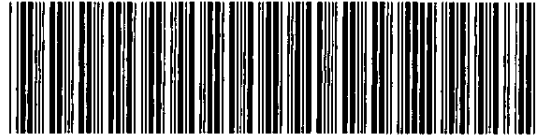
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000112521600

11/26/07--01021--008 **25.00

FILED
07 NOV 26 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NRC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Corbett-Greco Group, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Corbett

(Name of Person)

(Firm/Company)

2662 Dick Wilson Drive

(Address)

Sarasota, Florida 34240

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Corbett

(Name of Person)

at (**941**) **400-8248**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 NOV 26 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Corbett-Greco Group, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 3-7-2002 and assigned document number L02000005407.

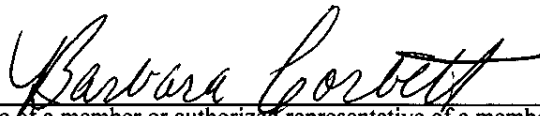
SECOND: This amendment is submitted to amend the following:

Corbett-Greco Group, LLC name is changed to Benefit Agency

Associates, LLC.

Barbara Corbett is President

Dated November 19, 2007.



Signature of a member or authorized representative of a member

Barbara Corbett

Typed or printed name of signee

Filing Fee: \$25.00